

**CLAIMS ONLY**

**Application Number**

16S16980

**Filing Date**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep.	Depend.
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						